

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/09/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

continued Physical Therapy 3 x week for 3 weeks

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

Utilization review determinations dated 11/15/11, 12/05/11, 07/13/11

Notification of first temporary income benefits payment dated 10/06/11

Employer's wage statement no date

Post designated doctor evaluation dated 10/17/11

Handwritten patient information form and work status report dated 04/25/11, 04/18/11, 04/14/11

New patient intake form dated 05/19/11

Office visit note dated 05/19/11, 05/23/11, 07/05/11, 07/07/11, 07/19/11, 07/20/11, 07/21/11, 07/26/11, 07/27/11, 08/18/11, 10/12/11, 07/28/11, 08/01/11, 08/02/11, 08/04/11, 08/08/11, 08/09/11, 08/11/11, 08/15/11, 08/16/11, 08/18/11, 08/22/11, 08/23/11, 08/25/11, 10/13/11, 10/17/11, 10/19/11, 10/20/11, 10/25/11, 10/26/11, 10/27/11, 11/01/11, 11/03/11, 11/08/11, 11/22/11, 11/23/11, 11/29/11

MRI left knee dated 06/30/11

Designated doctor evaluation dated 08/25/11

Early compensability assessment dated 07/08/11

Letter dated 12/22/11, 12/27/11, 09/30/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. He was walking down a gravel road when he turned to speak to someone and the gravel shifted causing him to twist his left knee. His knee popped and he felt immediate pain in his hamstring. MRI of the left knee dated 06/30/11 revealed grade II meniscal intrasubstance derangement posterior horn medial meniscus; periligamentous edema ACL compatible with low grade sprain; bipartite patella; mild lateral chondromalacia patella (grade I) with lateral tracking of the patella. Early compensability assessment dated 07/08/11 indicates that assessment and diagnosis of the

sequela to the reported mechanism of injury is strain of the left hamstring. The patient underwent left knee ACL reconstruction using autograft on 07/18/11. The patient completed at least 27 postoperative physical therapy visits. Designated doctor evaluation dated 08/25/11 diagnosis is chronic lumbar facet syndrome with DDD lumbar spine; ACL and meniscus tear left knee; status post left ACL repair; status post left hamstring strain. Post designated doctor evaluation dated 10/17/11 indicates that the patient has residual discomfort in the left knee with some decrease in motion. The compensable injury is limited to the medial meniscus and the anterior cruciate ligament of the left knee. Office visit note dated 11/29/11 indicates that the patient rates left knee pain as 5/10. On physical examination there is mild atrophy at the superior knee area. The left knee region at the anterior knee area had mild to moderate taut and tender fibers.

Initial request for continued physical therapy 3 x wk x 3 wks was non-certified on 11/15/11 noting that the patient has had a total of 21 visits of postoperative physical therapy. ODG for knee and leg on physical medicine guidelines state that a total of 24 visits over 16 weeks is appropriate, with fading treatment frequency, plus active self-directed home PT be evidenced. At this time, provision of active home therapy has not been provided. As this request is outside of guidelines, a positive determination cannot be made. The denial was upheld on 12/05/11 noting that the patient has received 27 sessions of post op PT for the ACL reconstruction. The ODG guidelines recommend a cap of 24 sessions following surgical repair of an ACL. The requested additional 9 sessions would not be medically necessary given the claimant is compliant with a self-directed home exercise program and the request exceeds the ODG recommendation of no more than 24. There is no functional capacity evaluation submitted that documents de-conditioning or a need for protracted supervised therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This patient is status post left knee ACL reconstruction performed on 07/18/11 and has completed at least 27 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and as per the evidence-based guidelines should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The reviewer finds no medical necessity for continued Physical Therapy 3 x week for 3 weeks.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)